



## **REQUEST FORM**

(NOTE: Attach a self-addressed stamped envelope with this request. Your request will **not be** completed if you fail to provide the self-addressed stamped envelope.)

### **ADDRESS INFORMATION**

NAME: \_\_\_\_\_  
(please print)

SSN: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ CURRENT ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

HOME PHONE: (\_\_\_\_\_) \_\_\_\_\_ WORK PHONE: (\_\_\_\_\_) \_\_\_\_\_

IF NEW ADDRESS, PLEASE PROVIDE PREVIOUS ADDRESS: \_\_\_\_\_

\_\_\_\_\_

### **REQUEST FOR ELIGIBLE LIST RANKING (NON CONTINUOUS ONLY)**

TITLE OF EXAM: \_\_\_\_\_

SCORE: \_\_\_\_\_ DATE OF EXAM: \_\_\_\_\_

### **REQUEST FOR JOB ANNOUNCEMENT PACKET AND APPLICATION**

1. EXACT JOB TITLE OF EXAM: \_\_\_\_\_

2. EXACT JOB TITLE OF EXAM: \_\_\_\_\_

3. EXACT JOB TITLE OF EXAM: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

### **FOR OFFICIAL HUMAN RESOURCES USE ONLY**

#### ***ELIGIBLE LIST RANKING***

Per your request, your rank as of today is \_\_\_\_\_.

Thank you for your interest in Contra Costa County.

Date Processed: \_\_\_\_\_ BY: (initials) \_\_\_\_\_